

## 2020 Tax Organizer Personal and Dependent Information

### Personal Information

	SSN	Has IP PIN	Date of birth
Name			
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation	Daytime phone	Evening phone	Cell phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

#### Marital Status at end of 2020

- Married  
 Married filing separately  
 Single  
 Widow(er) If spouse died in 2020 enter the date of death \_\_\_\_\_

#### Other information

- Are you blind?  Yes  No  
 Are you disabled?  Yes  No  
 Are you a full-time student?  Yes  No  
 Do you want \$3 to go to the Presidential Election Campaign Fund?  Yes  No

#### Taxpayer

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

#### Spouse

- Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

At any time during 2020 did you receive, sell, send, exchange, or acquire any financial interest in any virtual currency?  Yes  No

### Dependent Information

First and last name SSN	Has IP PIN	Relationship	Months in home	Date of birth	Disabled	Full- time student	Childcare Expenses

List dependents required to file a return \_\_\_\_\_

### COVID-19 Implications

**Yes No**

- Did you receive an Economic Impact Payment (EIP)? If "Yes," provide Notices 1444 and 1444-B from the IRS.

First EIP amount \_\_\_\_\_ Second EIP amount \_\_\_\_\_

- Did you experience economic loss due to COVID-19 (loss of job, closed business, etc.)?  
  Were you unemployed for any portion of the year due to COVID-19?  
  Did you continue to receive wages from your employer even if you were unable to work?  
  Did you receive a distribution from a retirement plan (401K, IRA, etc.) due to COVID-19?

If you own a farm or business:

- Did you continue to pay any employee while they were not working?  
  Did you delay withholding FICA taxes from any employee's pay?  
  Did you receive a Paycheck Protection Program (PPP) loan?

If "Yes," was the loan forgiven or have you applied for forgiveness? \_\_\_\_\_

- Were you unable to work due to COVID-19 and, if employed by someone other than yourself, would have qualified for sick or family leave?

### Appointment Information

Your 2020 appointment is scheduled for \_\_\_\_\_

### Additional Taxpayer Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Estimates

	Federal		Resident state		Resident city	
	Date paid	Amount	Date paid	Amount	Date paid	Amount
Overpayment applied from 2019	_____	_____	_____	_____	_____	_____
First quarter	_____	_____	_____	_____	_____	_____
Second quarter	_____	_____	_____	_____	_____	_____
Third quarter	_____	_____	_____	_____	_____	_____
Fourth quarter	_____	_____	_____	_____	_____	_____
Additional payments	_____	_____	_____	_____	_____	_____

#### Account Information for Deposits or Withdrawals

Name of bank	Bank routing number	Bank account number	Type of account		Use this account for	
			Checking	Savings	Deposits	Withdrawals

#### Identification Information

##### Taxpayer

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

##### Spouse

Type of photo ID  Driver's license  State-issued photo ID

Driver's license or state-issued photo ID number \_\_\_\_\_

State the driver's license or state-issued photo ID was issued in \_\_\_\_\_

Issue date of the driver's license or state-issued photo ID \_\_\_\_\_

Expiration date of the driver's license or state-issued photo ID \_\_\_\_\_

## Wages and Salaries

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form W-2**

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2020	2019		2020	2019
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

TS \_\_\_\_\_ Employer's name and address: \_\_\_\_\_ Federal EIN \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	2020	2019		2020	2019
Wages, tips, other compensation _____			State _____ State I.D. _____		
Federal income tax withheld _____			State wages _____		
Social Security wages _____			State income tax _____		
Social Security tax withheld _____			Locality name _____		
Medicare wages and tips _____			Local wages _____		
Medicare tax withheld _____			Local income tax _____		
Social Security tips _____			State _____ State I.D. _____		
Allocated tips _____			State wages _____		
Dependent care benefits _____			State income tax _____		
			Locality name _____		
Are you a statutory employee? _____			Local wages _____		
Are you covered by a retirement plan? _____			Local income tax _____		
Did you receive third-party sick pay? _____					

**Pension, Annuities, Retirement, Etc. Distributions**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all Form(s) 1099-R, Form(s) 1099-SSA, etc.**

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .		
Gross distribution . . . . .			State distribution . . . . .		
Taxable amount . . . . .			Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .		
Capital gain . . . . .			Local distribution . . . . .		
Federal income tax withheld . . . . .			State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .			State income tax withheld . . . . .		
Distribution code(s) . . . . .			State distribution . . . . .		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld . . . . .		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .		

TS \_\_\_\_\_ Payer's name: \_\_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Disability indicator . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State _____ State I.D. _____		
Report as wages on 1040 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld . . . . .		
Gross distribution . . . . .			State distribution . . . . .		
Taxable amount . . . . .			Name of locality _____		
Total distribution . . . . .	<input type="checkbox"/>		Local income tax withheld . . . . .		
Capital gain . . . . .			Local distribution . . . . .		
Federal income tax withheld . . . . .			State _____ State I.D. _____		
Employee contributions or insurance premiums . . . . .			State income tax withheld . . . . .		
Distribution code(s) . . . . .			State distribution . . . . .		
IRA/SEP/SIMPLE . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	Name of locality _____		
Your percentage of total distribution			Local income tax withheld . . . . .		
Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Local distribution . . . . .		

**Social Security Benefit Statement**

TS _____	2020	2019	TS _____	2020	2019
Net benefits . . . . .			Net benefits . . . . .		
Medicare premiums . . . . .			Medicare premiums . . . . .		
Income tax withheld . . . . .			Income tax withheld . . . . .		

Form 1099-G Unemployment Compensation

Name:

SSN:

Provide all copies of Form 1099-G

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2020	2019		2020	2019
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

TSJ \_\_\_\_\_ Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City: \_\_\_\_\_

U.S. only State, ZIP: \_\_\_\_\_

Foreign only Province/State, Country, Postal code: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2020	2019		2020	2019
Unemployment compensation . . .	_____	_____	<input type="checkbox"/> Trade/business		
Unemployment compensation repaid in current year . . . . .	_____	_____	Market gain . . . . .	_____	_____
State/local tax refunds/credits . .	_____	_____	State _____ State I.D. _____		
Tax year . . . . .	_____	_____	State unemployment . . . . .	_____	_____
Federal tax withheld . . . . .	_____	_____	State withholding . . . . .	_____	_____
RTAA payments . . . . .	_____	_____	<input type="checkbox"/> Unemployment benefits are from railroad		
Taxable grants . . . . .	_____	_____			
Agriculture . . . . .	_____	_____			

Form 1099-MISC

Name:

SSN:

Provide all copies of Form 1099-MISC

NOTE: Nonemployee compensation reported on Form 1099-MISC for 2019 will be reported on Form 1099-NEC for 2020

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Rents . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Royalties . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
Other income . . . . .	_____	_____	State income . . . . .	_____	_____
Description _____			Name of locality _____		
Federal tax withheld . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Fishing boat proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Medical and health care payments . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			State tax withheld . . . . .	_____	_____
Substitute payments . . . . .	_____	_____	State income . . . . .	_____	_____
Crop insurance proceeds . . . . .	_____	_____	Name of locality _____		
Gross attorney proceeds . . . . .	_____	_____	Local tax withheld . . . . .	_____	_____
Taxable Proceeds . . . . .	_____	_____	Local income . . . . .	_____	_____
Section 409A deferrals . . . . .	_____	_____			
Excess golden parachute payment . . . . .	_____	_____			
Nonqualified deferred compensation _____	_____	_____			

Provide all copies of Form 1099-NEC

TS \_\_\_\_ For \_\_\_\_ Payer's federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

	2020	2019		2020	2019
Non-employee compensation . . . . .	_____	_____	State _____ State I.D. _____	_____	_____
Federal tax withheld . . . . .	_____	_____	State tax withheld . . . . .	_____	_____
			State income . . . . .	_____	_____
			Name of locality _____		
			Local tax withheld . . . . .	_____	_____
			Local income . . . . .	_____	_____
			State _____ State I.D. _____	_____	_____
			State tax withheld . . . . .	_____	_____
			State income . . . . .	_____	_____
			Name of locality _____		
			Local tax withheld . . . . .	_____	_____
			Local income . . . . .	_____	_____



### Child and Dependent Care

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Child Care Provider's Information**

	2020	2019
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		

	2020	2019
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		

	2020	2019
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		

	2020	2019
Social Security Number or Employer ID Number _____	Amount paid _____	
Name _____		
Street address _____		
City _____		Phone _____
<b>U.S. only</b> State, ZIP _____		
<b>Foreign only</b> Province/State, Country, Postal code _____		







**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other \_\_\_\_\_

Change of inventory method  Yes  No

You started or acquired this business during 2020

Some investment is NOT at risk

You disposed of this property during 2020

Did you make any payments in 2020 that would require you to file Forms 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Other Information**

	2020	2019
Family health coverage . . . . .	_____	_____

**Income**

	2020	2019
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

	2020	2019
Inventory at beginning of the year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS Business name Profession or product

2020

2019

Table with columns for Expense Category, 2020, and 2019. Rows include Advertising, Car and truck expenses, Commissions and fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage (paid to banks, etc.), Interest - other, Legal and professional services, Office expenses, Pension and profit sharing plans, Rent or lease (vehicles, machinery, and equipment), Rent (other business property), Repairs and maintenance, Supplies, Taxes and licenses (including real estate taxes), Travel, Total meals, Utilities, Wages, and Other expenses (list).



Installment Sale Income

Name:

SSN:

[Redacted area]

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2020	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2020	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____

TSJ \_\_\_\_\_ Description of property: \_\_\_\_\_

Date acquired _____	Date sold _____	2020	Prior years
Selling price . . . . .		_____	_____
Mortgages assumed . . . . .		_____	_____
Cost of property sold . . . . .		_____	_____
Depreciation allowed . . . . .		_____	_____
Commissions and expense of sale . . . . .		_____	_____
Gross profit percentage . . . . .		_____	_____
Interest received . . . . .		_____	_____
Principal payments received . . . . .		_____	_____

## Schedule E - Income or Loss from Rental Real Estate & Royalties

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Property Information

Property description \_\_\_\_\_

Address, city, state, ZIP \_\_\_\_\_

**Select the property type**

- |  |   |                                    |                                      |
|--|---|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Single family residence | <input type="checkbox"/> Vacation / short-term rental | <input type="checkbox"/> Land      | <input type="checkbox"/> Self-rental |
| <input type="checkbox"/> Multi-family residence  | <input type="checkbox"/> Commercial                   | <input type="checkbox"/> Royalties | <input type="checkbox"/> Other _____ |

Number of days property was rented \_\_\_\_\_ Number of days property was used for personal use \_\_\_\_\_

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> This property is your main home or second home       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this rental. |
| <input type="checkbox"/> This property was disposed of during 2020            | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals   |
| <input type="checkbox"/> This property was owned as a qualified joint venture |  |  |

### Income

	2020	2019		2020	2019
Rent Income . . . . .			Royalties from oil, gas, mineral, copyright or patent . . . . .		

### Expenses

	Rental unit expenses		Rental <u>and</u> homeowner expenses	
Advertising . . . . .				If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.
Auto & travel . . . . .				
Cleaning & maintenance . . . . .				
Commissions . . . . .				
Insurance . . . . .				
Legal & professional fees . . . . .				
Management fees . . . . .				
Mortgage interest . . . . .				
Other interest . . . . .				
Repairs . . . . .				
Supplies . . . . .				If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.
Taxes . . . . .				
Utilities . . . . .				
Depletion . . . . .				
Other expenses (list)				
_____				
_____				
_____				
_____				
_____				
_____				





Form 4835 - Farm Rental Income and Expenses

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

General Information

Description \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

Income

	2020	2019		2020	2019
Income from production of livestock, grains, and other crops . . . . .	_____	_____	Crop insurance proceeds:		
Total cooperative distributions . . . . .	_____	_____	Amount received in 2020 . . . . .	_____	_____
Total agricultural payments . . . . .	_____	_____	<input type="checkbox"/> You elect to defer to 2021		
Commodity Credit Corporation (CCC) loans:			Amount deferred from 2019 . . . . .	_____	_____
CCC loans reported . . . . .	_____	_____	Other income . . . . .	_____	_____
CCC loans forfeited . . . . .	_____	_____			

Expenses

	2020	2019		2020	2019
Car & truck expenses . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Taxes . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Utilities . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Other expenses (list)		
Freight & trucking . . . . .	_____	_____	_____	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____	_____	_____	_____
Insurance (other than health) . . . . .	_____	_____	_____	_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____	_____	_____	_____
Interest - other . . . . .	_____	_____	_____	_____	_____
Labor hired (less jobs credit) . . . . .	_____	_____	_____	_____	_____
Pension & profit-sharing plans . . . . .	_____	_____	_____	_____	_____
Rent - vehicles, machinery & equip . . . . .	_____	_____	_____	_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____	_____	_____	_____
Repairs & maintenance . . . . .	_____	_____	_____	_____	_____

**Schedule F - Profit or Loss from Farming**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Information**

Principal product \_\_\_\_\_ Employer ID number \_\_\_\_\_

This farm was disposed of during 2020

Yes  No Payments of \$600 or more were paid to an individual who is not your employee for services provided for this farm

Yes  No You filed Forms 1099 for the individuals

**Income**

	2020	2019		2020	2019
Sale of livestock / other items . . . . .	_____	_____	Custom hire income . . . . .	_____	_____
Cost of items bought for resale . . . . .	_____	_____	Beginning inventory for accrual . . . . .	_____	_____
Sale of products you raised . . . . .	_____	_____	Ending inventory for accrual . . . . .	_____	_____
Total cooperative distributions . . . . .	_____	_____	<input type="checkbox"/> You used unit-livestock-price or farm-price inventory method		
Total agricultural payments . . . . .	_____	_____	Other income . . . . .	_____	_____
Commodity Credit Corporation (CCC) loans:					
CCC loans reported . . . . .	_____	_____		_____	_____
CCC loans forfeited . . . . .	_____	_____		_____	_____
Crop insurance proceeds:					
Amount received in 2020 . . . . .	_____	_____		_____	_____
<input type="checkbox"/> You elect to defer to 2021					
Amount deferred from 2019 . . . . .	_____	_____		_____	_____

**Expenses**

	2020	2019		2020	2019
Car & truck expenses . . . . .	_____	_____	Repairs & maintenance . . . . .	_____	_____
Chemicals . . . . .	_____	_____	Seeds & plants purchased . . . . .	_____	_____
Conservation expenses . . . . .	_____	_____	Storage & warehousing . . . . .	_____	_____
Custom hire (machine work) . . . . .	_____	_____	Supplies purchased . . . . .	_____	_____
Employee benefit programs . . . . .	_____	_____	Taxes . . . . .	_____	_____
Feed purchased . . . . .	_____	_____	Utilities . . . . .	_____	_____
Fertilizers & lime . . . . .	_____	_____	Veterinary, breeding, & medicine . . . . .	_____	_____
Freight & trucking . . . . .	_____	_____	Other expenses . . . . .	_____	_____
Gasoline, fuel, & oil . . . . .	_____	_____		_____	_____
Insurance (other than health) . . . . .	_____	_____		_____	_____
Interest - mortgage (paid to banks, etc.)	_____	_____		_____	_____
Interest - other . . . . .	_____	_____		_____	_____
Non-W-2 labor hired . . . . .	_____	_____		_____	_____
W-2 wages paid . . . . .	_____	_____		_____	_____
Pension & profit-sharing plans . . . . .	_____	_____		_____	_____
Rent - vehicles, machinery, & equip	_____	_____		_____	_____
Rent - other (land, animals, etc.) . . . . .	_____	_____		_____	_____

## Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Moving Expenses

TSJ \_\_\_\_\_

Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

	2020	2019
Enter the number of miles from your OLD home to your NEW workplace . . . . .	_____	_____
Enter the number of miles from your OLD home to your OLD workplace . . . . .	_____	_____
Enter the amount you paid for transportation and storage of household goods and personal effects . . . . .	_____	_____
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)	_____	_____
Enter the amount of moving expenses reimbursed to you by your employer . . . . .	_____	_____

### Self-Employed Health Insurance

TSJ \_\_\_\_\_

	2020	2019
Enter the qualified long term care amount . . . . .	_____	_____
Enter your Medicare wages from an S corporation . . . . .	_____	_____

### Self-Employed Pensions

TSJ \_\_\_\_\_

	2020	2019
Enter your plan contribution rate as a decimal . . . . .	_____	_____
Enter your allowable elective deferrals made during 2020 . . . . .	_____	_____
Enter your catch-up contributions . . . . .	_____	_____
Enter the amount of designated ROTH contributions included above . . . . .	_____	_____

### Nondeductible IRAs

TS \_\_\_\_\_

	2020	2019
Total traditional IRA contributions made for 2020 . . . . .	_____	_____
Total basis in traditional IRAs as of 12/31/2020 . . . . .	_____	_____
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers) . . . . .	_____	_____
Amount of traditional IRAs converted to ROTH IRAs . . . . .	_____	_____
IRA basis before conversion . . . . .	_____	_____
Total ROTH IRA contributions made for 2020 . . . . .	_____	_____

### Health Savings Account

TSJ \_\_\_\_\_

	2020	2019
HSA contributions made for 2020 . . . . .	_____	_____
Total distributions from all HSAs during 2020 . . . . .	_____	_____
Distributions included above that were rolled over into another account . . . . .	_____	_____
Qualified medical expenses paid using HSA distributions . . . . .	_____	_____

### Other Income and Adjustments

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Other Income

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Scholarships or grants not reported on Form W-2 . . . . .	_____	_____	_____	_____
State income tax refund (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Social Security Benefits (attach Forms 1099-SSA) . . . . .	_____	_____	_____	_____
Railroad Retirement Benefits (attach Forms 1099-RRB) . . . . .	_____	_____	_____	_____
Alimony received				
Divorce or separation date _____ Amount _____	_____	_____	_____	_____
Unemployment compensation (attach Forms 1099-G) . . . . .	_____	_____	_____	_____
Unemployment compensation repaid in 2020 . . . . .	_____	_____	_____	_____
Gambling winnings (attach Forms W2-G) . . . . .	_____	_____	_____	_____
Alaska Permanent Fund . . . . .	_____	_____	_____	_____
ABLE distributions . . . . .	_____	_____	_____	_____
Other income: _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### Adjustments

	2020 Taxpayer	2019 Taxpayer	2020 Spouse	2019 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies) . . . . .	_____	_____	_____	_____
Contributions made to a Health Savings Account (HSA) . . . . .	_____	_____	_____	_____
Contributions made to a Self-Employed Pension plan (SEP) . . . . .	_____	_____	_____	_____
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents . . . . .	_____	_____	_____	_____
Alimony paid				
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Name _____				
SSN _____ Divorce or separation date _____	_____	_____	_____	_____
Contributions made to an Individual Retirement Account (IRA) . . . . .	_____	_____	_____	_____
Contributions made to a Roth IRA . . . . .	_____	_____	_____	_____
Interest paid on a student loan . . . . .	_____	_____	_____	_____
Other adjustments: _____	_____	_____	_____	_____



### Mortgage Interest

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**Provide all copies of Form 1098**

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

TSJ \_\_\_\_\_ For \_\_\_\_\_ Business name \_\_\_\_\_ Product \_\_\_\_\_

Recipient/Lender information: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

	2020	2019		2020	2019
Mortgage interest received . . . .	_____	_____	Points paid . . . . .	_____	_____
Outstanding mortgage principal . .	_____	_____	Real Estate taxes paid . . . . .	_____	_____
Mortgage insurance premiums . .	_____	_____	Account number _____		

## Employee Business Expense

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Employee Business Expense

TSJ \_\_\_\_\_ Occupation \_\_\_\_\_

- You are a qualifying performing artist
- You are a fee-based state or local government official
- You are a disabled employee with impairment-related work expenses
- You are a reservist
- You are a member of the clergy

#### Part I - Employee Business Expense and Reimbursements

	2020	2019
Parking fees, tolls, and local transportation, including train, bus, etc. . . . .		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment . . . . .		
Other business expenses . . . . .		
Meals . . . . .		
DOT meals . . . . .		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses . . . . .		
Meals . . . . .		
Portion of total expenses that is for impairment-related work expenses of disabled employee . . . . .		
Portion of total expenses that is for an Armed Forces reservist . . . . .		

### Business Vehicle Expenses

	Vehicle 1		Vehicle 2	
	2020	2019	2020	2019
Enter the date vehicle was placed in service . . . . .				
Total miles vehicle was driven during 2020 . . . . .				
Business miles . . . . .				
Average daily roundtrip commuting distance . . . . .				
Commuting miles included in total miles above . . . . .				
Taxes . . . . .				
Gasoline, oil, repairs, vehicle insurance, etc. . . . .				
Vehicle rentals . . . . .				
Inclusion amount . . . . .				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2) . . . . .				
Enter cost or other basis . . . . .				
Enter section 179 deduction . . . . .				
Enter depreciation percentage . . . . .				
If your employer provided a vehicle, was personal use during off duty hours permitted? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you or your spouse have another vehicle available for personal use? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have evidence to support your deduction? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If "Yes," is the evidence written? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?  Yes  No

Do you or your spouse have another vehicle available for personal use?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:	2020	2019		Prior year total
a Business . . . . .	_____		Business	
b Commuting . . . . .	_____		Total	
c Other . . . . .	_____			

### Expenses

	2020	2019
Garage rent . . . . .	_____	
Gas . . . . .	_____	
Insurance . . . . .	_____	
Licenses . . . . .	_____	
Oil . . . . .	_____	
Parking fees . . . . .	_____	
Rental fees . . . . .	_____	
Interest . . . . .	_____	
Property tax . . . . .	_____	
Repairs . . . . .	_____	
Tires . . . . .	_____	
Tolls . . . . .	_____	
Lease addbacks . . . . .	_____	
Other expenses (list):	Apply business %	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	



## Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

	2020	2019
Square footage of home used exclusively for business . . . . .		
Total square footage of home . . . . .		

### Use of Home for Daycare

	2020	2019
Area used part time for business . . . . .		
Total hours used for daycare . . . . .		
Total hours available . . . . .		

Did you live in the home all year?  Yes  No

### Expenses

	Office expenses		Home expenses		
	2020	2019	2020	2019	
Mortgage interest . . . . .					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Excess real estate taxes . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs & maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

### Cost of Home

	2020	2019
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		



Education Credits and Deduction

Name:

SSN:

Provide all Form(s) 1098-T

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
Was the student enrolled at least half time for at least one academic period that began in 2020 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
Did the student complete the first four years of post-secondary education before 2020?
Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?
Is the student pursuing a degree?

Table with 3 columns: Description, 2020, 2019. Rows include Total qualified education expenses, ADDITIONAL qualified education expenses, Tax-free education assistance received in 2020, Tax-free education assistance received in 2021, and Refunds of qualified education expenses paid in 2020.

Educational Institution EIN, Name, Street, City, State, ZIP

Student's first and last name: \_\_\_\_\_ SSN: \_\_\_\_\_

- Has the Hope Scholarship Credit or American Opportunity Credit been claimed for this student for a total of four times in any prior years?
Was the student enrolled at least half time for at least one academic period that began in 2020 at an eligible education institution in a program leading toward a post-secondary degree, certificate, or other recognized post-secondary educational credential?
Did the student complete the first four years of post-secondary education before 2020?
Was the student convicted, before the end of 2020, of a felony for possession or distribution of a controlled substance?
Is the student pursuing a degree?

Table with 3 columns: Description, 2020, 2019. Rows include Total qualified education expenses, ADDITIONAL qualified education expenses, Tax-free education assistance received in 2020, Tax-free education assistance received in 2021, and Refunds of qualified education expenses paid in 2020.

Educational Institution EIN, Name, Street, City, State, ZIP